

**CASA GRANT
MID-YEAR BUDGET MODIFICATION REQUEST FORM**

Grant Number: _____

Fiscal Year: _____

Date Submitted: _____

Please use this form to request any Mid-Year Budget Modifications for your CASA Grant. Please submit the completed form to:

*Pamela Cardullo Ortiz, Executive Director
Department of Family Administration
Administrative Office of the Courts
Maryland Judicial Center
580 Taylor Avenue, 2nd floor
Annapolis, Maryland 21401
Phone: 410-260-1580*

This Mid-Year Budget Modification Request Form has been prepared and submitted by:

*Name (printed)**Title*_____
*Signature**Date*

MODIFICATION APPROVED:

*Pamela Cardullo Ortiz, Executive Director
Family Administration*

Date

REASON FOR BUDGET MODIFICATION. *Please detail below the reasons you are requesting a budget modification. If you are adding or changing any positions, please list those positions and explain the change. Please highlight whether the changes requested are for one-time expenditures or whether they will become regular items annual program costs. [PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY].*

Description	CURRENT GRANT AWARD	REQUESTED GRANT AMOUNT	CHANGE REQUESTED (+/-)
OPERATIONAL EXPENSES Personnel (list positions & itemize salary/fringe for each): 1. 2. 3. 4.			
Contracts/Consultants (list each separately): 1. 2. 3.			
Equipment/Software (list each separately): 1. 2. 3.			
Printing/Photocopying			
Supplies			
Travel			
Other Direct Costs (specify): 1. 2. 3. 4.			
Indirect Costs/Administrative			
TOTALS:			